

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK				
PLAN/COVERAGE DESCRIPTION		2017 TOTAL MONTHLY PREMIUM	2017 COUNTY MONTHLY SUBSIDY	2017 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		\$717.57	\$560.81	\$156.76
Employee & 1		\$1,435.13	\$1,110.30	\$324.83
Employee & 2 or more dependents on Basic Plan		\$2,152.71	\$1,737.63	\$415.08
CONTRA COSTA HEALTH PLAN - BASIC PLAN B *				
Employee on Basic Plan		\$795.44	\$582.95	\$212.49
Employee & 1		\$1,590.88	\$1,135.71	\$455.17
Employee & 2 or more dependents on Basic Plan		\$2,386.32	\$1,837.62	\$548.70
KAISER PERMANENTE - BASIC PLAN A *				
Employee on Basic Plan		\$718.07	\$435.38	\$282.69
Employee & 1		\$1,436.14	\$803.96	\$632.18
Employee & 2 or more dependents on Basic Plan		\$2,154.21	\$1,493.79	\$660.42
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		\$570.73	\$445.04	\$125.69
Employee & 1		\$1,141.45	\$881.68	\$259.77
Employee & 2 or more dependents on Basic Plan		\$1,712.18	\$1,407.40	\$304.78
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN				
Employee on Basic Plan		\$458.07	\$447.04	\$11.03
Employee & 1		\$916.14	\$916.14	\$0.00
Employee & 2 or more dependents on Basic Plan		\$1,374.21	\$1,374.21	\$0.00
HEALTH NET HMO PLAN - BASIC PLAN A *				
Employee on Basic Plan		\$1,292.89	\$711.41	\$581.48
Employee & 1		\$2,585.78	\$1,215.47	\$1,370.31
Employee & 2 or more dependents on Basic Plan		\$3,878.66	\$2,406.29	\$1,472.37
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		\$899.05	\$691.26	\$207.79
Employee & 1		\$1,798.10	\$1,338.70	\$459.40
Employee & 2 or more dependents on Basic Plan		\$2,697.16	\$2,148.51	\$548.65
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan		\$1,712.92	\$762.70	\$950.22
Employee & 1		\$3,425.83	\$1,181.55	\$2,244.28
Employee & 2 or more dependents on Basic Plan		\$5,138.75	\$2,859.71	\$2,279.04
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B *				
Employee on PPO Basic Plan		\$1,542.05	\$746.93	\$795.12
Employee & 1		\$3,084.10	\$1,206.98	\$1,877.12
Employee & 2 or more dependents on Basic Plan		\$4,626.14	\$2,717.73	\$1,908.41
DELTA DENTAL PREMIER - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$45.16	\$41.17	\$3.99
	Employee + 1	\$102.00	\$93.00	\$9.00
	Employee + 2 or more	\$102.00	\$93.00	\$9.00
For Health Net Plans	Employee	\$45.16	\$34.02	\$11.14
	Employee + 1	\$102.00	\$76.77	\$25.23
	Employee + 2 or more	\$102.00	\$76.77	\$25.23
For Kaiser Permanente Plans	Employee	\$45.16	\$34.02	\$11.14
	Employee + 1	\$102.00	\$76.77	\$25.23
	Employee + 2 or more	\$102.00	\$76.77	\$25.23
Without a Health Plan	Employee	\$45.16	\$43.35	\$1.81
	Employee + 1	\$102.00	\$97.81	\$4.19
	Employee + 2 or more	\$102.00	\$97.81	\$4.19
DELTA CARE (PMI)				
For CCHP Plans	Employee	\$29.06	\$25.41	\$3.65
	Employee + 1	\$62.81	\$54.91	\$7.90
	Employee + 2 or more	\$62.81	\$54.91	\$7.90
For Health Net Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Employee + 1	\$62.81	\$59.03	\$3.78
	Employee + 2 or more	\$62.81	\$59.03	\$3.78